

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99380 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry A. Kreggenwinkel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 27 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 922 N. Bond St

Cause of Death, { First (Primary), Second (Immediate), } Acute Pneumonia  
Asthenia

Duration of Last Sickness, Three (9) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, April 22<sup>nd</sup>

Undertaker, W. L. Lippert J. W. Holmes M. D.

Medical Attendant.

Place of Business, 132 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT-BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. 99381 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dessie Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 630 Prince St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Bur

Date of Burial, Apr. 21<sup>st</sup> 1887

{ Undertaker, William Dunge } J. Hamley Keen D. Medical Attendant.

{ Place of Business, 150 East St } Address, 807 Washington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99382 Office of Registrar of Vital Statistics. Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup>, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Amer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto, Md.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 1718 Gould's Lane

Cause of Death, { First (Primary), Second (Immediate), } Phtthisis Pulmonalis

Duration of Last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 21<sup>st</sup>, 1887

{ Undertaker, Bernard Harley } Robert S. Rowe M. D. Medical Attendant.

{ Place of Business, 115 West St } Address, 1019 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is respectfully invited to the Record below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. 99383 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1887

## CERTIFICATE OF DEATH.

Date of Death, April 20 - 1887

Full Name of Deceased, Lillian Estella Benson  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 9 Years, White Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Montgomery Co. Ind.

Birth Place, Montgomery Co. Ind.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, 341 N. Mount St.  
{ Give Street and Number. }

Cause of Death, Rubeola  
{ First (Primary), Second (Immediate), }  
Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Germanian Montgomery Co

Date of Burial, April 22<sup>d</sup> 1887

Undertaker, J. W. Leonardson M. D.

Place of Business, 782 W. Baltimore Address, 1209 N. Fayette St.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4648 Transl

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99384 Office of Registrar of Vital Statistics. Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 20<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Carback  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, Sixty Four (64) Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
Color, White  
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married  
Occupation, Carrier (Furniture)  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore County, Md.  
Duration of Residence in the City of Baltimore, Forty Four (44) years  
Place of Death, { Give Street and Number. } No. 608 North Caroline St.  
Cause of Death, { First (Primary), Chronic Hepatitis  
Second (Immediate), Asthma }  
Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount  
Date of Burial, April 22<sup>nd</sup> 1887 { Wm. H. Cleudineu, M. D. Medical Attendant.  
Undertaker, Henry L. Mears  
Place of Business, #413 E. Fayette St. Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99385 Office of Registrar of Vital Statistics. Ward 16<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 20<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hamilton Currey M. D.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 Years, 4 Months,    Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, M. D.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Carroll County

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give Street and Number. } No 66 S. Paca St

Cause of Death, { First (Primary), Stroke of the Brain,  
Second (Immediate), hemiplegia }

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cty

Date of Burial, April 22<sup>o</sup> 1887

{ Undertaker, John S. Macha }

{ Place of Business, No 150 Camden Address, 319 1/2 N. Holla

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99386

Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 21<sup>st</sup> of April 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christiane Knabe

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 82 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany 54 years in U. S.

Duration of Residence in the City of Baltimore, 54 years

Place of Death, { Give Street and Number. } 32 W Biddle Street

Cause of Death, { First (Primary), Second (Immediate), } Old age  
Bronchitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, April 24<sup>th</sup> 87

Undertaker, DeWitt & Sons

Place of Business, Park & Senate

A. S. Reinhard M. D.  
Medical Attendant.

Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99387 Office of Registrar of Vital Statistics. Ward 11<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Carroll

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Gentleman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Cor. Howard Monument

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, April 20 1887

{ Undertaker, Healy & Sons } W. H. Williams M. D. Medical Attendant

{ Place of Business, Port & Saratoga } Address, 319 N. Second

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99388 Office of Registrar of Vital Statistics. Ward 11 <sup>1</sup>/<sub>2</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ <sup>twenty-four</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Poultney  
Poultney

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 60 Years, — Months, — Days

Color, White

Married, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 70 11th Union Place

Cause of Death, { First (Primary), Apoplexy  
Second (Immediate), coma }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, GREEN MOUNT.

Date of Burial, APRIL 22<sup>nd</sup> 1887

{ Undertaker, How Jenkins & Sons } A. L. Chen M. D.  
Medical Attendant.

{ Place of Business, Park & Saratoga } Address, 215 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on each Death Certificate.

# Health Department, City of Baltimore.

Permit No. 99389 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John E Morris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, 11 Months, ✓ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Fire worker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,                     

Place of Death, { Give Street and Number. } 20 E West St

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, April 22 / 87

Undertaker, Daniel Flynn Edw J. Nicholson M. D.

Medical Attendant.

Place of Business, 42 E. West St Address, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]